



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Texas Health

Respondent Name

New Hampshire Insurance Co

MFDR Tracking Number

M4-11-1313-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 20, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: No position statement found and/or provided

Amount in Dispute: \$732.79

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: No position statement found and/or provided

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 15, 2010	Professional Services	\$732.79	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Former 28 Texas Administrative Code §133.305, effective December 31, 2006, 31 Texas Register 10314, amended effective May 25, 2008, 33 Texas Register 3954, sets out the general procedures for Medical Dispute Resolution.
2. Former 28 Texas Administrative Code §133.307, effective December 31, 2006, 31 Texas Register 10314; amended effective May 25, 2008, 33 Texas Register 3954, sets out the procedures for resolving Medical Fee Disputes.
3. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.

Issues

1. Is the requestor entitled to reimbursement?

Findings

Medical Fee Dispute Resolution records indicate a docketed dispute from healthcare provider Texas Health received on December 20, 2010. On July 20, 2016 the health care provider to the dispute was notified that the Division was unable to locate the documentation originally submitted associated with dispute M4-11-1313-01. This notice was sent to:

1. Electronic email sent to the healthcare provider

Former 28 Texas Administrative §133.307 (e)(1) states "Request for Additional Information. The Division may request additional information from either party to review the medical fee issues in dispute. The additional information must be received by the Division no later than 14 days after receipt of this request. If the Division does not receive the requested additional information within 14 days after receipt of the request, then the Division may base its decision on the information available. The party providing the additional information shall forward a copy of the additional information to all other parties at the time it is submitted to the Division."

To date the division has no record of receiving requested documentation.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____	_____	12/22/2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MFDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of this Medical Fee Dispute Resolution Findings and Decision**, together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812